TRANSMITTAL RECORD For use of this form, see AR 25-50; the proponent agency is ODISC4.			1.	1. SECURITY CLASSIFICATION			2. SHIPMENT NO.				
3. TITLE/FILE IDENTIFICATION				4. AS OF DATE			5. SHIPMENT DATE				
			YE	AR	MONTH	DAY	YEA		MONTH	DAY	
6. AUTHORITY FOR SHIPMENT			7.	7. NUMBER OF RECORDS TRANSMITTED							
8. PERSON TO CONTACT (Name and telephone)			9.	9. REQUIREMENT CONTROL SYMBOL (AR 335-15)							
10. Type of Media Transmitted											
	Hard Copy	Punched Cards		Cassettes							
	Microfilm	Photo		Fiche							
11. NUMBER OF BOXES/PACKAGES			12	12. NUMBER OF ITEMS							
13.	Method of Shipment							I			
	Courier	First Class		Parcel	rcel Post						
	Express Mail	Registered									
Return Receipt Requested (When box is checked, sign below and return copy to sender.) 14a. TYPED NAME AND TITLE OF RECEIVER					ED NAME AN	D TITLE OF	SEND	ER			
14b. SIGNATURE OF RECEIVER AND DATE			15	15b. SIGNATURE OF SENDER							
16. SPECIAL INSTRUCTIONS											
17. TYPE COMPONENT USED (For magnetically recorded data)											
18.	REMARKS										